

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3							53				
4		3					54				
5	1						55				
6		1					56				
7	1						57				
8		1					58				
9	1						59				
10		1					60				
11							61				
12		1					62				
13							63				
14		2					64				
15	1						65				
16		1					66				
17	1						67				
18		1					68				
19							69				
20							70				
21							71				
22							72				
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39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	6						TOTAL IND.				
TOTAL DEP.	15						TOTAL DEP.				
TOTAL CLAIMS	21						TOTAL CLAIMS				